

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: NH
APPLICATION YEAR: 2006

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/12/2005	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name: State of New Hampshire		Organizational Unit: Department of Health & Human Services	
Address (give city, county, state and zip code) 29 Hazen Drive Concord, NH 03301 County: Merrimack		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Lisa Bujno Tel Number: 603-271-4516	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">02</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6000618</div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">93</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">994</div> TITLE: Maternal and Child Health Services Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal & Child Health/Special Medical Services	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): State of New Hampshire			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2005	Ending Date: 09/30/2006	a. Applicant District 1 & 2	b. Project District 1 & 2
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>2,065,063.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>6,419,828.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>0.00</u>		
f. Program Income	\$ <u>0.00</u>		
g. TOTAL	\$ <u>8,484,891.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Mary Ann Cooney, RN, MS		b. Title Director	c. Telephone Number 603-271-4501
d. Signature of Authorized Representative		e. Date Signed	

[Secs. 504 (d) and 505(a)(3)(4)]

\$ 9,229,943

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NH

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 2,125,512	\$ 2,071,715	\$ 2,094,555	\$ 0	\$ 2,065,063	\$ 0
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 5,917,012	\$ 5,841,077	\$ 6,265,249	\$ 0	\$ 6,419,828	\$ 0
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 8,042,524	\$ 7,912,792	\$ 8,359,804	\$ 0	\$ 8,484,891	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 826,195	\$ 655,085	\$ 764,810	\$ 0	\$ 745,052	\$ 0
9. Total (Line11, Form 2)	\$ 8,868,719	\$ 8,567,877	\$ 9,124,614	\$ 0	\$ 9,229,943	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NH

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 2,006,169	\$ 1,710,584	\$ 2,003,891	\$ 1,980,228	\$ 2,026,335	\$ 2,026,335
2. Unobligated Balance (Line2, Form 2)	\$ 100,616	\$ 100,616	\$ 52,633	\$ 52,633	\$ 194,969	\$ 0
3. State Funds (Line3, Form 2)	\$ 4,482,204	\$ 4,046,985	\$ 4,229,257	\$ 4,412,489	\$ 4,215,687	\$ 4,513,985
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income (Line6, Form 2)	\$ 150,000	\$ 150,000	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 6,738,989	\$ 6,008,185	\$ 6,285,781	\$ 6,445,350	\$ 6,436,991	\$ 6,540,320
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 440,842	\$ 206,671	\$ 333,091	\$ 331,323	\$ 491,692	\$ 435,816
9. Total (Line11, Form 2)	\$ 7,179,831	\$ 6,214,856	\$ 6,618,872	\$ 6,776,673	\$ 6,928,683	\$ 6,976,136
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2003
Field Note:
Additional funds were accepted, thus reducing the Unobligated Balance.
2. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
There were add'l state funds made available in FFY03 than were expected when the budgeted was originally prepared.
3. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2003
Field Note:
The difference of 10% or more is most likely attributed to the time it took to receive Fiscal Committee/Governor and Council approval to accept add'l federal funds. Other contributing factor could be the contracting process, thereby delaying actual expenditures and recruitment for grant coordinator(s).

MCH needs to add/edit these notes.
4. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2004
Field Note:
Two of the 8 grants included in this category had expenditures significantly lower than the original budgeted amount. Primarily due to the time needed to complete the Fiscal Comm/Governor & Council approval process. In addition, there were staffing issues.

- SECCS Planning
- Transitioning Healthy CC NH

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NH

	FY 2004		FY 2005		FY 2006	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 638,026	\$ 649,464	\$ 640,442	\$ 0	\$ 562,551	\$ 0
b. Infants < 1 year old	\$ 1,042,204	\$ 1,057,831	\$ 1,043,589	\$ 0	\$ 933,203	\$ 0
c. Children 1 to 22 years old	\$ 2,798,544	\$ 2,885,110	\$ 2,810,403	\$ 0	\$ 2,688,674	\$ 0
d. Children with Special Healthcare Needs	\$ 2,676,288	\$ 2,210,660	\$ 2,993,212	\$ 0	\$ 2,886,836	\$ 0
e. Others	\$ 774,867	\$ 752,466	\$ 789,866	\$ 0	\$ 1,030,535	\$ 0
f. Administration	\$ 112,595	\$ 357,261	\$ 82,292	\$ 0	\$ 383,092	\$ 0
g. SUBTOTAL	\$ 8,042,524	\$ 7,912,792	\$ 8,359,804	\$ 0	\$ 8,484,891	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 100,000	\$ 100,000	\$ 100,000
d. Abstinence Education	\$ 96,930	\$ 96,930	\$ 94,901
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 379,036	\$ 330,151	\$ 330,151
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
NH Univ Newborn He	\$ 0	\$ 0	\$ 120,000
NH Univ Newborn Hear	\$ 100,229	\$ 100,229	\$ 0
Transitioning Hlthy	\$ 0	\$ 37,500	\$ 0
Healthy ChildCare NH	\$ 50,000	\$ 0	\$ 0
III. SUBTOTAL	\$ 826,195	\$ 764,810	\$ 745,052

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NH

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 510,959	\$ 477,209	\$ 536,099	\$ 485,992	\$ 536,099	\$ 484,964
b. Infants < 1 year old	\$ 510,959	\$ 477,209	\$ 711,099	\$ 778,421	\$ 711,099	\$ 782,841
c. Children 1 to 22 years old	\$ 1,539,876	\$ 1,431,632	\$ 1,634,614	\$ 1,973,067	\$ 1,705,782	\$ 2,046,230
d. Children with Special Healthcare Needs	\$ 3,397,700	\$ 2,863,592	\$ 2,825,255	\$ 2,633,551	\$ 2,907,081	\$ 2,573,975
e. Others	\$ 740,193	\$ 665,444	\$ 517,195	\$ 580,617	\$ 482,116	\$ 599,996
f. Administration	\$ 39,302	\$ 93,099	\$ 61,519	\$ 70,120	\$ 94,814	\$ 52,314
g. SUBTOTAL	\$ 6,738,989	\$ 6,008,185	\$ 6,285,781	\$ 6,521,768	\$ 6,436,991	\$ 6,540,320
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 70,833		\$ 50,000		\$ 50,000	
d. Abstinence Education	\$ 145,009		\$ 82,862		\$ 82,862	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
EHDI Tracking, Research	\$ 0		\$ 0		\$ 148,579	
NH Univ. Newborn	\$ 0		\$ 0		\$ 110,251	
Universal Newborn Hearing Screening	\$ 0		\$ 100,229		\$ 0	
Univ. Newborn Hearing Screening	\$ 125,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 440,842		\$ 333,091		\$ 491,692	

FORM NOTES FOR FORM 4

EHDH funding is through a CDC cooperative agreement.

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2004
Field Note:
Budgeted amount for FY04 is greater than for FY02 due to a revised, more accurate method of calculating amounts by types of individuals served, used for the first time in this application.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2004
Field Note:
Budgeted amount for FY04 is greater than for FY02 due to a revised, more accurate method of calculating amounts by types of individuals served, used for the first time in this application.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2003
Field Note:
The difference between FY03 budget and expenditures in excess of 10% is best explained by the fact that the state budget for FY 03 was prepared several years prior to the actual activities. As well as ongoing reorganization within NHDHHS and it's activities.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2004
Field Note:
Budgeted amount for FY04 is greater than for FY02 due to a revised, more accurate method of calculating amounts by types of individuals served, used for the first time in this application.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2003
Field Note:
The difference between FY03 budget and expenditures in excess of 10% is best explained by the fact that the state budget for FY 03 was prepared several years prior to the actual activities. As well as ongoing reorganization within NHDHHS and it's activities.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2003
Field Note:
The difference between FY03 budget and expenditures in excess of 10% is best explained by the fact that the state budget for FY 03 was prepared several years prior to the actual activities. As well as ongoing reorganization within NHDHHS and it's activities.
7. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2004
Field Note:
Most likely due to the result of budget reductions, that would have been unknown at the time the original budget was entered.
8. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2004
Field Note:
Budgeted amount for FY04 is greater than for FY02 due to a revised, more accurate method of calculating amounts by types of individuals served, used for the first time in this application.
9. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2003
Field Note:
The difference between FY03 budget and expenditures in excess of 10% is best explained by the fact that the state budget for FY 03 was prepared several years prior to the actual activities. As well as ongoing reorganization within NHDHHS and it's activities.
10. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2004
Field Note:
Budgeted amount for FY04 is greater than for FY02 due to a revised, more accurate method of calculating amounts by types of individuals served, used for the first time in this application.
11. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2003

Field Note:

The difference between FY03 budget and expenditures in excess of 10% is best explained by the fact that the state budget for FY 03 was prepared several years prior to the actual activities. As well as ongoing reorganization within NHDHHS and it's activities.

12. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2004

Field Note:

The cost of Admin has been recalculated to more accurately reflect actual expenses. The implementation of a cost allocation system has been a guiding factor in this recalculation.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NH

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,038,620	\$ 2,904,957	\$ 3,125,567	\$ 0	\$ 3,219,743	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,124,882	\$ 2,058,858	\$ 2,183,891	\$ 0	\$ 2,316,014	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 470,787	\$ 536,923	\$ 474,528	\$ 0	\$ 449,342	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,408,235	\$ 2,412,054	\$ 2,575,818	\$ 0	\$ 2,499,792	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 8,042,524	\$ 7,912,792	\$ 8,359,804	\$ 0	\$ 8,484,891	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NH

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,172,266	\$ 3,014,969	\$ 3,708,077	\$ 2,352,345	\$ 3,392,302	\$ 2,217,101
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 224,916	\$ 226,806	\$ 319,893	\$ 1,648,282	\$ 416,175	\$ 1,502,804
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,243,100	\$ 1,188,948	\$ 1,253,380	\$ 375,311	\$ 1,261,646	\$ 367,952
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,098,707	\$ 1,577,462	\$ 1,004,431	\$ 2,145,829	\$ 1,366,868	\$ 2,452,463
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 6,738,989	\$ 6,008,185	\$ 6,285,781	\$ 6,521,767	\$ 6,436,991	\$ 6,540,320

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2003
Field Note:
The difference between FY2003 budget and expended in excess of 10% is best explained by the fact that the budget is prepared at least 2 years in advance of actual FY2003 business. Other significant factors are the ongoing efforts to more appropriately realign services and the reorganization of NHDHHS.
2. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
The difference between FY2003 budget and expended in excess of 10% is best explained by the fact that the budget is prepared at least 2 years in advance of actual FY2003 business. Other significant factors are the ongoing efforts to more appropriately realign services and the reorganization of NHDHHS.
3. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
The difference between FY2003 budget and expended in excess of 10% is best explained by the fact that the budget is prepared at least 2 years in advance of actual FY2003 business. Other significant factors are the ongoing efforts to more appropriately realign services and the reorganization of NHDHHS.
4. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2004
Field Note:
Lisa -

we need to look at what's included in the Population Based %'s... perhaps Inj Prev or oral health could be the reason the difference is greater than 10%.
5. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
The difference between FY2003 budget and expended in excess of 10% is best explained by the fact that the budget is prepared at least 2 years in advance of actual FY2003 business. Other significant factors are the ongoing efforts to more appropriately realign services and the reorganization of NHDHHS.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: NH

Total Births by Occurrence: 13,872

Reporting Year: 2003

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	13,826	99.7	8	2	2	100
Congenital Hypothyroidism	13,826	99.7	160	13	13	100
Galactosemia	13,826	99.7	10	1	1	100
Sickle Cell Disease	5,353	38.6	0	0	0	
Other Screening (Specify)						
Homocystinuria	13,826	99.7	18	0	0	
Toxoplasmosis	13,826	99.7	4	0	0	
Maple Syrup Urine Disease (MSUD)	13,826	99.7	8	0	0	

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: SickCellDisease_Confirmed
Row Name: SickCellDisease
Column Name: Confirmed Cases
Year: 2006
Field Note:
There were no presumptive positive cases, or confirmed cases of sickle cell disease.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: NH

Reporting Year: 2004

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	2,107	69.0		14.0	12.0	5.0
Infants < 1 year old	13,826	18.0		66.0	16.0	0.0
Children 1 to 22 years old	27,190	19.0	0.0	41.0	40.0	0.0
Children with Special Healthcare Needs	3,355	46.0	1.0	47.0	2.0	4.0
Others	54,520	19.0	0.0	41.0	40.0	0.0
TOTAL	100,998					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2006
Field Note:
From prenatal program data
2. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2006
Field Note:
Number of infants is the same as on Form 6, and is the number of newborns screened for heritable disorders. Many of these children are also served by other MCH programs, such as primary care clinics.
3. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2006
Field Note:
All data is from agency Uniform Data System submissions, and is an estimate for the 1-22 age range.
4. **Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2006
Field Note:
Data source is the Special Medical Services Bureau database for FY04
5. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2006
Field Note:
Others include non-pregnant adults and elderly clients served by primary care centers throughout the state.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: NH

Reporting Year: 2003

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	14,119	13,292	229	34	157	300	16	91
Title V Served	2,107	1,703	43	3	30	40	35	253
Eligible for Title XIX	2,872	2,726	75	14	15	16	4	22
INFANTS								
Total Infants in State	14,383	13,536	235	36	160	304	16	96
Title V Served	13,826	13,107	188	39	402	2	0	88
Eligible for Title XIX	2,903	2,753	77	14	15	17	4	23

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	12,984	522	613					522
Title V Served	1,852	233	20					233
Eligible for Title XIX	2,542	137	193					137
INFANTS								
Total Infants in State	13,236	528	319					528
Title V Served	12,599	467	760					467
Eligible for Title XIX	2,570	139	194					139

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NH

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 852-3345	(800) 852-3345	(800) 852-3345	(800) 852-3345	(800) 852-3345
2. State MCH Toll-Free "Hotline" Name	DHHS Toll-Free Information Line	DHHS Toll-Free Information Line	DHHS Toll-Free Information Line	DHHS Toll-Free Information Line	DHHS Toll-Free Information Line
3. Name of Contact Person for State MCH "Hotline"	Joanie Foss	Joanie Hall	Shari Campbell	Shari Campbell	Shari Campbell
4. Contact Person's Telephone Number	(603) 271-4537	(603) 271-4537	(603) 271-4517	(603) 271-4517	(603) 271-4517
5. Number of calls received on the State MCH "Hotline" this reporting period	0		4,000	3,640	2,250

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NH

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	800) 852-3345 Ext. 4488	(800) 852-3345 Ext. 4488	(800) 852-3345 Ext. 4488	(800) 852-3345	(800) 852-3345
2. State MCH Toll-Free "Hotline" Name	CSHCN Toll-Free Information Line	CSHCN Toll-Free Information Line	CSHCN Toll-Free Information Line	CSHCN Toll-Free Information Line	CSHCN Toll-Free Information Line
3. Name of Contact Person for State MCH "Hotline"	Virginia Smith	Virginia Smith	Virginia Smith	Virginia Smith	Virginia Smith
4. Contact Person's Telephone Number	(603) 271-4488	(603) 271-4488	(603) 271-4488	(603) 271-4488	(603) 271-4488
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	1,200	1,200	1,291

FORM NOTES FOR FORM 9

The SMS Information and Referral system is currently undergoing revision of the database, associated paper forms, reporting protocols and staff training. The expected outcome is increased data integrity and quality improvement in the use of such data for program planning and assessment purposes. This process also involves protocols for call responders contracted by the SMS program to handle helpline calls regarding children and youth with special health care needs (CYSHCN).

FIELD LEVEL NOTES

1. Section Number: Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2004

Field Note:

Several secretaries receive calls inquiring about MCH related services. The number used is an estimate of these calls during the year.

2. Section Number: Optional

Field Name: hnumber_1

Row Name: State MCH toll-free hotline telephone number

Column Name: FY

Year: 2004

Field Note:

The NH Family Voices toll-free number, funded by SMSB, is 1-800-852-3345 Ext. 4225

3. Section Number: Optional

Field Name: calls_1

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2004

Field Note:

This count is for calendar 2004. The SMS Information and Referral (I&R) system reporting period is being shifted from the calendar year to the state fiscal year for SFY05 and forward. There is also a requirement for the provision of SFY annual reports from contractors handling helpline calls to parallel the format used by SMS for reporting purposes. These reports will be included as attachments to the SMS I&R SFY Annual Report beginning with SFY05.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2006
[SEC. 506(A)(1)]
STATE: NH

1. State MCH Administration:
(max 2500 characters)

The Title V Program is located in the NH Department of Health & Human Services within the Division of Public Health Services. Administration of the MCH Block Grant is assigned jointly to the Maternal and Child Section (MCH) for services to women, infants, and children, and to the Special Medical Services Section (SMS) for children with special health care needs. The Title V program provides direct, enabling, population-based, and infrastructure-building services in the following major areas: maternal and child health, children with special health care needs, family planning, adolescent health, home visiting, health and safety in child care, injury prevention, and newborn metabolic and hearing screening. SMS is also responsible for managing the Catastrophic Illness Program for adults with specific chronic diseases.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 2,065,063
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 6,419,828
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 8,484,891

9. Most significant providers receiving MCH funds:

NH's Community Health Centers
Injury Prevention Center at Dartmouth College
NH Minority Health Coalition
UNH Institute of Health Policy and Practice

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	2,107
b. Infants < 1 year old	13,826
c. Children 1 to 22 years old	27,190
d. CSHCN	3,355
e. Others	54,520

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Through contracts with community agencies, MCH's Prenatal, Family Planning, Child Health and Home Visiting Programs provide direct care and enabling services to women, families and children. Home Visiting New Hampshire provides education and support to pregnant women on Medicaid throughout their pregnancy and up to the infant's first birthday. Home visits are made by nurses, social workers, and paraprofessionals. Special emphasis is placed on smoking cessation, decreasing subsequent pregnancies, and maternal depression. Special Medical Services Bureau provides community-based care coordination (3 sites), Neuromotor Speciality Care (6 sites), and an Amputee Limb Enhancement Clinic. SMSB supports nutrition assessment and psychology consultation. Special Medical Services Bureau works collaboratively with Partners in Health, a project providing family support in 11 communities serving families of children with chronic conditions, as well as with the 12 area agencies serving families with children with developmental disabilities.

b. Population-Based Services:
(max 2500 characters)

MCH prenatal outreach is ongoing. NH SIDS program materials are distributed at conferences, trainings, and health fairs. Child health personnel promote breastfeeding in SIDS risk reduction outreach efforts. The Injury Prevention Program (IPP) provides information to the public and media on prevention of MV crash injuries and child passenger safety; and participates in NH Youth Suicide Prevention Advisory Assembly. The IPP also continues to educate the public about firearm safety and coordinates the Buckle Up NH Coalition Week activities. Coordinated with area domestic violence centers to facilitate programs on sexual violence. MCH provided financial support the WIC Program's annual breastfeeding conference. MCH also distributed breastfeeding resources and information from the Breastfeeding Task Force and WIC staff to Title V-funded agencies. The NH Newborn Screening Program works with hospitals and healthcare providers throughout the state to assure that every newborn is screened and receives appropriate follow-up when indicated, in a timely manner. The EHDI program assists hospitals to establish screening programs, through the provision of hospital guidelines, education, and technical assistance. A data tracking system is operational, Special Medical Services Bureau provides nutrition outreach education activities for children with diabetes and cystic fibrosis.

c. Infrastructure Building Services:
(max 2500 characters)

Healthy Child Care New Hampshire trains and supports health consultants to work with child care programs to improve health and safety in child care. MCH collaborates with the CHIP program to improve outreach and enrollment of children in Healthy Kids. MCH is implementing an adolescent health strategic plan to identify gaps and meet the health needs of youth. Special Medical Services Bureau participates as a member of the Children's Care Collaborative evaluating systems of care established within DHHS and recommending policy changes in response to issues presented in working with families and communities. SMSB, in partnership, financially supports the continued planning of communities in response to infant mental health concerns. SMSB advised the Division of Behavioral Health in Its Care New Hampshire Initiative to develop and implement systems of care for children with Serious Emotional Disturbance (SED) and their families. SMSB provides support for the activities of the Center for Medical Home Improvement (Crotchet Mountain). SMSB works with the New Hampshire Pediatric Society and other collaborators to develop health transition services.

12. The primary Title V Program contact person:

Name

13. The children with special health care needs (CSHCN) contact person:

Name

Lisa Bujno

Title Administrator

Address MCH Section, Div. of Public Health

City Concord

State NH

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Phone 603-271-4516

Fax 603-271-4519

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Judith Bumbalo

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Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NH

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective			85	85	85
Annual Indicator			100.0	100.0	100.0
Numerator			7	13	11
Denominator			7	13	11
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				54.9	54.9
Annual Indicator			54.9	54.9	54.9
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	54.9	55.9	55.9	56.9	56.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				55.9	55.9
Annual Indicator			55.5	55.5	55.5
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	55.9	56.9	56.9	57.9	57.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				61.9	61.9
Annual Indicator			61.9	61.9	61.9
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	61.9	62.9	62.9	63.9	63.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				78.4	78.4
Annual Indicator			78.4	78.4	78.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	78.4	79.4	79.4	80.4	80.4
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective					5.8
Annual Indicator			5.8	5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5.8	5.9	5.9	6	6
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	90	85	85	80	80
Annual Indicator	80.0	80.0	79.6	80.9	83.9
Numerator	11,741	12,042	11,981	12,177	12,628
Denominator	14,676	15,052	15,052	15,052	15,052
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	12	12	12	12	12
Annual Indicator	10.2	10.3	8.5	7.4	
Numerator	258	264	222	199	
Denominator	25,292	25,540	26,232	26,864	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	14	46	47.5	46	46
Annual Indicator	38.2	45.9	45.9	45.9	42.4
Numerator	1,863	188	188	188	249
Denominator	4,875	410	410	410	587
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	42.4	42.4	42.4	44	44
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	2	28	28	36	36
Annual Indicator	2.3	28	32	32	32
Numerator	6				
Denominator	257,477				
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	36	36	36	36	36
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	69	69	66	66.5	66.5
Annual Indicator	63.3	67.5	67.6	65.3	
Numerator	8,855	9,480	9,427	9,059	
Denominator	13,987	14,052	13,943	13,875	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	66.5	66.5	66.5	66.5	66.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	25	26	70	85	85
Annual Indicator	23.7	65.4	82.4	91.2	
Numerator	3,318	9,187	11,486	12,655	
Denominator	13,987	14,052	13,943	13,875	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	96	96	96	96	96
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	7.5	7	6.5	6.5	6.5
Annual Indicator	8.1	5.1	5.1	5.1	5.1
Numerator	25,000	15,891	15,891	15,891	15,891
Denominator	309,562	309,496	309,496	309,496	309,496
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	6.5	6.5	6.5	6.5	6.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	85	85	85.5	65	65
Annual Indicator	69.6	64.4	69.7	72.3	72.3
Numerator	57,815	50,272	63,342	68,982	
Denominator	83,063	78,005	90,861	95,347	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	65	65	65	65	65
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	0.8	0.8	1.5	1.5	1.5
Annual Indicator	1.3	1.1	1.1	1.1	
Numerator	195	160	158	164	
Denominator	14,590	14,647	14,427	14,383	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	1.1	1.1	1.1	1.1	1.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	9	138.3	138	138	138
Annual Indicator	10.4	138.3	122	122	
Numerator	9				
Denominator	86,688				
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	138	138	138	138	138
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	85	86	86	86	86
Annual Indicator	88.1	88.5	84.1	80.0	
Numerator	119	100	116	96	
Denominator	135	113	138	120	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	90	90	88	88	88
Annual Indicator	87.8	88.2	89.5	91.0	
Numerator	12,803	12,923	12,911	13,090	
Denominator	14,590	14,647	14,427	14,383	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

Percent of women statewide who smoked during pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	12	12	16	16	16
Annual Indicator	16.6	15.5	15.0	14.1	
Numerator	2,382	2,222	2,116	2,032	
Denominator	14,327	14,342	14,116	14,383	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	16	16	16	16	16
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

Percent of state contracted, non Head Start or Head Start affiliated child care programs that receive a minimum of one hour per month on-site consultation from a qualified child care health consultant

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	40	45	12.9	13	9
Annual Indicator	35.6	35.0	12.9	9.4	5.0
Numerator	16	14	4	3	2
Denominator	45	40	31	32	40
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	9	9	9	9	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 9

Percent of high school students who smoked cigarettes during the past 30 days

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	30	30	30	27	27
Annual Indicator	34.1	25.3	25.3	25.3	19.1
Numerator	611				
Denominator	1,793				
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	20	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 10

Percent of third grade children screened who had untreated dental decay.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	29	22.6	21.6	21.7	22
Annual Indicator	22.6	21.7	21.7	21.7	24.2
Numerator	1,101	89	89	89	142
Denominator	4,875	410	410	410	587
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	24.2	24.2	24.2	24	24
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 11

Percent of children age two (18-29 months) on Medicaid who have been tested for lead.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective		25	30	30	30
Annual Indicator		25.4	31.5	23.3	27.2
Numerator		991	1,335	1,252	1,263
Denominator		3,894	4,232	5,365	4,646
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	27	27	27	27	27
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 12

Percent of infants born to women, whose payment source was Medicaid (for either delivery or prenatal care), receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	80	82	73	75	75
Annual Indicator	80.4	77.7	81.1	83.2	
Numerator	2,110	1,946	2,199	2,446	
Denominator	2,623	2,506	2,712	2,939	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	75	75	75	75	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 13

The percent of pediatricians who provide transition support to youth (ages 12-21) with special health care needs (YSHCN) enrolled in their practice.

Annual Objective and Performance Data					
	2000	2001	2002	2003	2004
Annual Performance Objective	0	0	0	0	14
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 14

The rate (per 100,000) of emergency department visits among youths aged 15-19 resulting from being an occupant in a motor vehicle crash

Annual Objective and Performance Data					
	2000	2001	2002	2003	2004
Annual Performance Objective			2,300	2,300	2,500
Annual Indicator		2,275.9	2,510.8	2,305.6	
Numerator		2,008	2,254	2,113	
Denominator		88,230	89,772	91,645	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>2,500</u>	<u>2,500</u>	<u>2,500</u>	<u>2,500</u>	<u>2,500</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 15

Percent of adolescents (ages 10-20) eligible for an EPSDT service who received an EPSDT service during the past year

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective			39	39	35
Annual Indicator			39.1	35.1	35.1
Numerator			9,594	9,451	
Denominator			24,547	26,930	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	35	35	35	35	35
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 16

Percent of children ages 2 – 5 years enrolled on WIC whose Body Mass Index (BMI) for age is 95th percentile or greater.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective			15.4	15	15
Annual Indicator			15.1	15.1	
Numerator			1,021	1,021	
Denominator			6,754	6,754	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	15	15	15	15	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2002
Field Note:
Appropriate follow-up at this point in NH is short term. The primary care physician is contacted to find out what action has been taken.
2. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2003
Field Note:
Appropriate follow-up at this point in NH is short term. The primary care physician is contacted to find out what action has been taken.
3. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2004
Field Note:
Appropriate follow-up at this point in NH is short-term. The primary care physician is contacted to find out what action has been taken.

Objectives are set lower than the 2004 result because of small numbers, i.e. missing on follow-up in the future would result in a significantly lower result/indicator.
4. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2002
Field Note:
The 2002 indicator is based on the State estimates from SLAITS.
5. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

Recent parent satisfaction surveys for clinical programs administered by the Special Medical Services Bureau reflect a high degree of satisfaction with services received. The response rate for the survey was 56% (N=195). Overall satisfaction based on 17 quality indicators was 95%. (Very satisfied, 79.4%; Satisfied, 15.5%). The highest score was for "Treated with courtesy-compassion (97.9%) and the lowest score was for "Told about parent groups" (55.2%).
6. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
7. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2002
Field Note:
The 2002 indicator is based on the State estimates from SLAITS.
8. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
9. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
10. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2002
Field Note:
The 2002 indicator is based on the State estimates from SLAITS.
11. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

12. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

13. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS.

14. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

15. Section Number: Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

16. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2002

Field Note:

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2002 indicator is the national average except for Maine which has its State value noted.

17. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2003

Field Note:

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

18. Section Number: Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2004

Field Note:

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

19. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2002

Field Note:

The numerator was obtained by using the CDC National Immunization Survey rate for NH and applying it to the denominator. Denominator is two-year olds in NH from the 2000 census.

20. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2003

Field Note:

The numerator was obtained by using the most recent CDC National Immunization Survey rate for NH (Q3/2002-Q2/2003) available from the NH Immunization Program, and applying it to the denominator. The denominator is two year olds in NH from the 2000 census.

21. Section Number: Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2004

Field Note:

Future objectives have been reviewed due to "data alert" and are appropriate given fluctuating results from year to year.

22. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2002

Field Note:

1) Data is from calendar year 2001 vital records. 2002 data is not available.

2) 2002 data will not be available until the next grant application period.

23. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2003
Field Note:
Calendar year 2003 vital records data is not yet available. This data will be available for next year's application.
24. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2004
Field Note:
CY04 data will not be available until next year.
- Future objectives have been reviewed due to "data alert", and are appropriate.
25. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2002
Field Note:
Statewide oral health data for measures #9 and 10 is collected every three years through The Oral Health Survey of Third Grade Children. The survey will be conducted for the second time in the spring of 2004 and thereafter every three years. The Oral Health Program will not know until the 2004 survey results are analyzed if we have achieved our objective. The 2001 Oral Health Survey of Third Grade Students indicated that 46% of third graders had dental sealants on at least one permanent tooth and that that 22% of third graders had untreated decay. To reach the Healthy New Hampshire 2010 goal of 60% of third graders with sealants, each year an additional 1.5% students will need to receive sealants. To approximate the national Healthy People 2010 objective and reduce the percent of students with untreated decay to 19% by 2010, an additional .4 % of students each year must show reduced levels of untreated decay. Results of the 2004 statewide survey will indicate if we are on track to achieve the 2010 goals.
26. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2003
Field Note:
Statewide oral health data for NPM #9 and SPM #10 is collected every three years through The Oral Health Survey of Third Grade Children. The survey has been conducted for the second time in the spring of 2004 and will be repeated every three years. The 2001 Oral Health Survey of Third Grade Students indicated that 46% of third graders had dental sealants on at least one permanent tooth and that 22% of third graders had untreated decay.
- Given state budget constraints, the performance measure objectives for 2005-2008 have been adjusted downward.
27. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2004
Field Note:
Statewide oral health data for NPM #9 and SPM #10 is collected every three years through The Oral Health Survey of Third Grade Children. The survey was conducted for the second time in the spring of 2004 and will be repeated every three years.
- Given state budget constraints, the performance measure objectives for 2005-2009 have been adjusted.
28. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2002
Field Note:
1) Data is calendar year 2001 vital records. 2002 is not available.
2) 2002 vital records data will not be available until the next grant application period.
- The 2001 indicator for this measure was calculated using the Standardized Ratio methodology, as described in the block grant guidance. Raw data is as follows:
- NH numerator: 3
NH denominator: 260285
U.S. rate: 4.04
- U.S. data source: <http://webapp.cdc.gov/sasweb/ncipc/mortrate10.html>
29. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2003
Field Note:
1) Calendar year 2003 vital records is not available. It will be available for the 2006 application.
2) The 2002 indicator for this measure was calculated using the Standard Ratio methodology, as described in the block grant guidance. Raw data is as follows:
- NH numerator: 4
NH denominator: 263093
U.S. rate: 4.79
- U.S. data source: <http://webapp.cdc.gov/sasweb/ncipc/mortrate10.html>
- The objectives for 2003-2008 have been adjusted upward to reflect expected fluctuations in the Standard Ratio due to an historic variation in the number of deaths.
30. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:

Column Name:**Year:** 2004**Field Note:**

1) Calendar year 2003 and 2004 vital records is not available. It will be available for the 2006 application.

2) The 2002 indicator for this measure was calculated using the Standard Ratio methodology, as described in the block grant guidance. Raw data is as follows:

NH numerator: 4

NH denominator: 263093

U.S. rate: 4.79

U.S. data source: <http://webapp.cdc.gov/sasweb/ncipc/mortrate10.html>

The objectives for 2003-2008 have been adjusted upward to reflect expected fluctuations in the Standard Ratio due to an historic variation in the number of deaths.

31. Section Number: Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2002**Field Note:**

The numerator is newborn screening program data, using information from filter papers. The numerator is those exclusively breastfeeding. The denominator is the number of NH occurrent births.

32. Section Number: Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2003**Field Note:**

The numerator is newborn screening CY2003 data, information from filter papers. It includes only those exclusively breastfeeding. The denominator is the number of occurrent births.

33. Section Number: Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2004**Field Note:**

CY04 birth data will be available next year.

34. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2002**Field Note:**

Numerator is actual number of infants screened. Denominator is number of occurrent births.

35. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2003**Field Note:**

Numerator is actual number of infants screened. Denominator is number of occurrent births.

36. Section Number: Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2004**Field Note:**

CY04 birth data will be available next year.

Objectives have been increased, although it was not possible to change 2004.

37. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2002**Field Note:**

The numerator is from the Insurance Family Survey, Office of Planning and Research, DHHS, NH, 2001. The denominator is from population-based estimates based on the 2000 census data.

38. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2003**Field Note:**

The numerator is from the Insurance Family Survey, Office of Planning and Research, DHHS, NH, 2001. The denominator is from population-based estimates based on the 2000 census data. Data cited by the latest Current Population Survey of the Census Bureau (2001), as provided by Tricia Brooks of the NH Healthy Kids Program, is 4.8% for all children (and 2% for children under 200% FPL).

39. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2004**Field Note:**

The numerator is from the Insurance Family Survey, Office of Planning and Research, DHHS, NH, 2001. The denominator is from population-based estimates based on the 2000 census data. Data used by NH Healthy Kids Corporation for this measure uses a two year average to arrive at 5.2%.

Although future objectives are set higher than current results, this is done consciously due to serious budget constraints in NH that could affect future results.

40. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2002

Field Note:

The numerator was provided by EDS (Jim Smith) via an ad hoc report. Data for the denominator is a combination of two numbers. It includes the number of 1-21 year olds enrolled/eligible for Medicaid (from EDS). Added to this is the figure of 15,157, obtained by Christina Purdam of the DHHS Office of Planning and Research, from the 2001 DHHS Insurance Family Survey. This latter number reflects uninsured 0-18 year-olds that were eligible for Health Kids insurance. Although the age groups added for the denominator do not match exactly, this methodology results in the most accurate estimate available.

41. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2003

Field Note:

The numerator was provided by EDS (Jim Smith) via an ad hoc report. Data for the denominator is a combination of two numbers. It includes the number of 1-21 year olds enrolled/eligible for Medicaid (from EDS). Added to this is the figure of 15,157, obtained by Christina Purdam of the DHHS Office of Planning and Research, from the 2001 DHHS Insurance Family Survey. This latter number reflects uninsured 0-18 year-olds that were eligible for Healthy Kids insurance. Although the age groups added for the denominator do not match exactly, this methodology results in the most accurate estimate available.

42. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2004

Field Note:

Actual data not available at this time, due to incomplete reporting from Medicaid. Therefore 2004 is an estimate based solely on 2003. 2004 data should be available in time for the 2005 autumn update.

Future objectives are consciously set below current results, due to serious budget constraints and possible future Medicaid reform.

43. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2002

Field Note:

1) Most recent data available from Vital Records is calendar year 2001.

2) Vital Records calendar year 2002 data will not be available until the next grant application period.

44. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2003

Field Note:

2003 vital records data is not available. It will be available for the 2006 application.

45. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2004

Field Note:

CY04 data will be available next year.

Future objectives have been re-established due to three years of data which exceeds betters them. However, the objective for 2004 could not be modified.

46. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2002

Field Note:

1) Most recent data available from Vital Records is calendar year 2001.

2) Vital Records calendar year 2002 data will not be available until the next grant application period.

The 2001 indicator for this measure was calculated using the Standardized Ratio methodology, as described in the block grant guidance. Raw data is as follows:

numerator - 10 "events"

denominator - 88230

U.S. rate - 8.2

Source for U.S. data: www.cdc.gov/nchs/fastats/pdf/nvsr50_16tl.pdf

47. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2003

Field Note:

Most recent death data available from Vital Records is calendar year 2002. This 2002 data is used as an estimate for 2003, as 2003 data will not be available until the 2006 application.

The 2002 indicator for this measure was calculated using the Standardized Ratio methodology, as described in the block grant guidance. Raw data is as follows:

numerator - 9 "events"

denominator - 89772

U.S. rate - 8.2

Future objectives have purposely been set above current results due to very small numbers and budget constraints.

48. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2004

Field Note:

Latest data available is 2002. See note for 2003.

49. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2002

Field Note:

1) Most recent data available from Vital Records is calendar year 2001.

2) Vital Records calendar year 2002 data will not be available until the next grant application period.

Denominator is occurrent very low birth weight births. Level III facility information is not available for out-of-state births. Because this data is occurrences, the denominator does not match the numerator for performance measure # 15, i.e. PM # 15 data is resident births.

50. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2003

Field Note:

2003 vital records data is not available. It will be available for the 2006 application.

Data is for occurrent births. Level III facility information is not available for out-of-state births. Because this data is occurrences, the denominator does not match the numerator for performance measure #15, i.e. PM #15 data is resident births.

51. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2004

Field Note:

CY04 data will be available next year.

52. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2002

Field Note:

1) Most recent data available from Vital Records is calendar year 2001.

2) Vital Records calendar year 2002 data will not be available until the next grant application period.

53. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2003

Field Note:

2003 vital records data is not available. It will be available for the 2006 application.

54. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2004

Field Note:

CY04 data will be available next year.

Future objectives are set lower than 2003, since data from other years is worse than 2003 - and because 2004 data is not available.

55. Section Number: State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2002

Field Note:

1) Most recent data available from Vital Records is calendar year 2001.

2) Vital Records calendar year 2002 data will not be available until the next grant application period.

56. Section Number: State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2003

Field Note:

2003 vital records data is not available. It will be available for the 2006 application.

57. Section Number: State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2004

Field Note:

2004 data not available until next year

58. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2002

Field Note:

The definition of this measure has been refined, and the qualifications for achievement have been significantly tightened. This results in what appears like a decrease in performance in 2002. In actuality, the changes now allow us to measure results in a much more precise and meaningful way. Objectives have been adjusted accordingly.

A qualified child care health consultant, as recognized by the Healthy Child Care New Hampshire Project, is a licensed RN, NP, PA, or MD with pediatric or family health training. Undergraduate nursing students shall be acceptable as child care health consultants if supervised by faculty knowledgeable in child care.

Head Start and Head Start affiliated child care programs are exempt from the measurement data, as these programs receive health consultation services from Head Start health managers.

59. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2003

Field Note:

A qualified child care health consultant, as recognized by the Healthy Child Care New Hampshire Project, is a licensed RN, NP, PA, or MD with pediatric or family health training. Undergraduate nursing students shall be acceptable as child care health consultants if supervised by faculty knowledgeable in child care.

Head Start and Head Start affiliated child care programs are exempt from the measurement data, as these programs receive health consultation services from Head Start health managers.

60. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2004

Field Note:

This measure is being discontinued.

61. Section Number: State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2002

Field Note:

FY2001 and FY2002 data come from the 2002 Youth Tobacco Survey (Susan Knight, NH Tobacco Program). The data is weighted and based on a random sample of NH high school students in grades 9-12. Because the data is weighted, the numerator (334) and denominator (1395) are not included on Form 11. The Youth Tobacco Survey will be done again in the fall of 2004.

62. Section Number: State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2003

Field Note:

FY2001, FY2002, and FY2003 data come from the 2002 Youth Tobacco Survey (Susan Knight, NH Tobacco Program). The data is weighted and based on a random sample of NH high school students in grades 9-12. Because the data is weighted, the numerator (334) and denominator (1395) are not included on Form 11. The Youth Tobacco Survey will be done again in the fall of 2004.

63. Section Number: State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2004

Field Note:

FY2004 comes from the 2004 Youth Tobacco Survey (Susan Knight, NH Tobacco Program). The data is weighted and based on a random sample of NH high school students in grades 9-12. Because the data is weighted, the numerator (254) and denominator (1407) are not included on Form 11. The Youth Tobacco Survey will be done again in the fall of 2006.

64. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2002

Field Note:

Statewide oral health data for measures #9 and 10 is collected every three years through The Oral Health Survey of Third Grade Children. The survey will be conducted for the second time in the spring of 2004 and thereafter every three years. The Oral Health Program will not know until the 2004 survey results are analyzed if we have achieved our objective. The 2001 Oral Health Survey of Third Grade Students indicated that 46% of third graders had dental sealants on at least one permanent tooth and that that 22% of third graders had untreated decay. To reach the Healthy New Hampshire 2010 goal of 60% of third graders with sealants, each year an additional 1.5% students will need to receive sealants. To approximate the national Healthy People 2010 objective and reduce the percent of students with untreated decay to 19% by 2010, an additional .4 % of students each year must show reduced levels of untreated decay. Results of the 2004 statewide survey will indicate if we are on track to achieve the 2010 goals.

65. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2003

Field Note:

Statewide oral health data for NPM #9 and SPM #10 is collected every three years through The Oral Health Survey of Third Grade Children. The survey will be conducted for the second time in the spring of 2004 and thereafter every three years. The Oral Health Program will not know until the 2004 survey results are analyzed if we have achieved our objective. The 2001 Oral Health Survey of Third Grade Students indicated that 46% of third graders had dental sealants on at least one permanent tooth and that that 22% of third graders had untreated decay.

66. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2004

Field Note:

Statewide oral health data for NPM #9 and SPM #10 is collected every three years through The Oral Health Survey of Third Grade Children. The survey was conducted for the second time in the spring of 2004 and will be repeated every three years.

Given state budget constraints, the performance measure objectives for 2005-2009 have been adjusted.

67. Section Number: State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2002

Field Note:

Information for this measure was provided by Chris Cullinan of the NH Childhood Lead Poisoning and Prevention Program (CLPP). It included data originating from the Medicaid Administration Bureau via the CLPP.

68. Section Number: State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2003

Field Note:

Because of personnel shortages due to a state hiring freeze, the lead program is unable to provide us with data for this measure. Hopefully, they will be able to do so next year.

69. Section Number: State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2004

Field Note:

In order to standardize NH lead program rates with other states and CDC, the definition of the age group for this measure changed from 18-29 months to 24-35 months. This change was made for the data beginning with 2003, and has been made for the WORDING of the measure following the needs assessment year.

70. Section Number: State Performance Measure #12

Field Name: SM12

Row Name:

Column Name:

Year: 2002

Field Note:

1) Most recent data available from Vital Records is calendar year 2001.

2) Vital Records calendar year 2002 data will not be available until the next grant application period.

71. Section Number: State Performance Measure #12

Field Name: SM12

Row Name:

Column Name:

Year: 2003

Field Note:

2003 vital records data is not available. It will be available for the 2006 application.

72. Section Number: State Performance Measure #12

Field Name: SM12

Row Name:

Column Name:

Year: 2004

Field Note:

Data not available for 2004. This measure is being discontinued.

73. Section Number: State Performance Measure #13

Field Name: SM13

Row Name:

Column Name:

Year: 2002

Field Note:

This is a new State Performance Measure. There is no Objective to meet and baseline data has to be identified. As such, a provisional "0" has been placed in all form fields.

Results from the National Survey of Children with Special Health Care Needs, 2001 (NSCSHCN), indicate that 51.7% of NH families with youth with special health care needs (YSHCN) report that "doctors have talked about changing needs as child becomes adult" (Summary Table IX.) and 41.1% report that "doctors discussed the shift to adult provider" (Summary Table IX.)

This data implies that over 50% of NH doctors seeing YSHCN have NOT discussed the changing needs and/or the transfer to adult health care services. SMSB will conduct a Pediatric Providers Transition Survey (FY04) to determine the baseline data and to develop Annual Objectives for this SPM.

74. Section Number: State Performance Measure #13

Field Name: SM13

Row Name:

Column Name:

Year: 2003

Field Note:

FY03: This State Performance Measure had not yet been created. The issue was identified as a priority need and the measure was added to the FY04 application.

FY04: Initial baseline data for FY04 was determined by responses to an online survey of members of the New Hampshire Pediatric Society. The survey was conducted to assess their current practices and needs regarding transitioning YSHCN ages 12-21. The survey response rate was 14%, which may be related to the use of an online process, or to factors such as the large number of pediatricians who practice at the tertiary centers and/or are not in primary care, and/or are not providing direct care to youth, and therefore did not return the surveys. Of those responding, 14% met the criteria for this measure. See the "current activities" narrative for this State Performance Measure, for the survey results.

75. Section Number: State Performance Measure #13

Field Name: SM13

Row Name:

Column Name:**Year:** 2004**Field Note:**

SMS chose not to re-measure the percent of pediatricians providing transition support in their practices because SMS did not do a general educational effort to this group until the end of May 2005. At that time staff (Cahill) provided copies of tools and materials to about 100 pediatricians at the NH Pediatric Society spring meeting.

The current focus of attention regarding transition is on the New Hampshire Youth Health Care Transition Project and the three pediatric practices that are involved. The Work Plan requires formation of a coalition that will help design a statewide education process for pediatric providers.

This SPM is being retired due to SMS having received the Champions for Progress Incentive Award, which focuses on transition work with pediatric practices. NPM #6 is the umbrella for all SMS youth transition work, and other priorities for were identified for CYSHCN that will be addressed as State Performance Measures.

76. Section Number: State Performance Measure #14**Field Name:** SM14**Row Name:****Column Name:****Year:** 2002**Field Note:**

1) Most recent data available from Vital Records is calendar year 2001.

2) Vital Records calendar year 2002 data will not be available until the next grant application period.

77. Section Number: State Performance Measure #14**Field Name:** SM14**Row Name:****Column Name:****Year:** 2003**Field Note:**

Most recent data available from Vital Records is 2002. 2003 data will be available for the next application.

Does not include deaths. Passengers or drivers of cars only, i.e. does not include motorcycles. Also does not include "Person not otherwise specified" or "Person not elsewhere cited".

78. Section Number: State Performance Measure #14**Field Name:** SM14**Row Name:****Column Name:****Year:** 2004**Field Note:**

CY04 data will be available next year.

Does not include deaths. Passengers or drivers of cars only, i.e. does not include motorcycles. Also does not include "Person not otherwise specified" or "Person not elsewhere cited".

79. Section Number: State Performance Measure #15**Field Name:** SM15**Row Name:****Column Name:****Year:** 2002**Field Note:**

This is a new measure. Data is from Medicaid - Patricia Fostier (271-8820).

80. Section Number: State Performance Measure #15**Field Name:** SM15**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data is from Patty Fostier - 271-8820.

The accuracy of the data for 2003 is questionable, due to concerns about coding accuracy at the local level. We will explore this issue with EPSDT.

81. Section Number: State Performance Measure #15**Field Name:** SM15**Row Name:****Column Name:****Year:** 2004**Field Note:**

Actual data not available at this time, due to incomplete reporting from Medicaid. This data should be available in time for the 2005 autumn update.

82. Section Number: State Performance Measure #16**Field Name:** SM16**Row Name:****Column Name:****Year:** 2003**Field Note:**

This was a new measure for the 2005 application. Data for 2003 is estimated and 2004 data is not available. This measure is being discontinued.

83. Section Number: State Performance Measure #16**Field Name:** SM16**Row Name:****Column Name:****Year:** 2004**Field Note:**

This was a new measure for the 2005 application. Data for 2004 is not available. This measure is being discontinued.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: NH

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	4	4	4	4	4
Annual Indicator	5.8	3.8	5.3	5.3	5.3
Numerator	84	56	77		
Denominator	14,590	14,647	14,427		
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective					
Annual Indicator				0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	3	3	4	4	4
Annual Indicator	4.0	2.6	2.8	2.8	2.8
Numerator	59	38	41		
Denominator	14,590	14,647	14,427		
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	0.5	0.5	1.5	1.5	1.5
Annual Indicator	1.6	1.2	1.3	1.3	1.3
Numerator	24	18	19		
Denominator	14,590	14,647	14,427		
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	1.5	1.5	1.5	1.5	1.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	3.5	3.5	7.5	7.5	7.5
Annual Indicator	7.7	5.9	6.1	6.1	6.1
Numerator	113	87	88		
Denominator	14,650	14,703	14,427		
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	7.5	7.5	7.5	7.5	7.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	13.5	13	17	17	17
Annual Indicator	14.0	20.2	8.7	8.7	8.7
Numerator	34	49	23		
Denominator	242,919	242,830	263,093		
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	17	17	17	17	17
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2003
Field Note:
2003 and 2004 vital records death data is unavailable. Our hope is that it will be available for next year's application.
2. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2004
Field Note:
2003 and 2004 vital records death data is unavailable. Our hope is that it will be available for next year's application.
3. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2003
Field Note:
Data not available, so an estimate is used. Based on previous years in which there were zero infant deaths among blacks, the estimate is considered very reasonable.
4. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2004
Field Note:
Data not available, so an estimate is used. Based on previous years in which there were zero infant deaths among blacks, the estimate is considered very reasonable.
5. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2003
Field Note:
2003 and 2004 death data is unavailable. It is hoped it will be available next year.
6. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2004
Field Note:
2003 and 2004 death data is unavailable. It is hoped it will be available next year.
7. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2003
Field Note:
2003 and 2004 death data is unavailable. It is hoped it will be available next year.
8. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2004
Field Note:
2003 and 2004 death data is unavailable. It is hoped it will be available next year.
9. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2003
Field Note:
2003 and 2004 death data is unavailable. It is hoped it will be available next year.
10. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2004
Field Note:
2003 and 2004 death data is unavailable. It is hoped it will be available next year.
11. **Section Number:** Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2003
Field Note:
2003 and 2004 death data is unavailable. It is hoped it will be available next year.
12. **Section Number:** Outcome Measure 6
Field Name: OM06
Row Name:

Column Name:
Year: 2004
Field Note:
2003 and 2004 death data is unavailable. It is hoped it will be available next year.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: NH

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

1

4. Family members are involved in service training of CSHCN staff and providers.

0

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

0

Total Score: 8

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2006
Field Note:
Family Voices parents participate on joint SMS/NHFV advisory groups. SMS considers FV parents to be representative and has not undertaken direct recruitment attempts of other parents. FV parent partners are invited to and included in the training opportunities available to SMS staff.
- 2. Section Number:** Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2006
Field Note:
Financial support for parent activities/groups is offered when needed. SMS has paid parents other than FV parents to attend conferences, and supported other activities, in SFY06.
- 3. Section Number:** Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2006
Field Note:
FV parents are provided with a copy of each year's application after submission and asked for feedback for the next year. Feedback has been modest, perhaps due to unrealized differences in the interpretation of the elements, and guidance, for Form 13.

Discussion with the FV parent partners and SMS senior staff will be held to address this issue, review available guidance, and to hopefully reach consensus regarding interpretation of all six elements incorporated in Form 13.
- 4. Section Number:** Main
Field Name: Question4
Row Name: #4. Family members are involved in service training of CSHCN staff and providers.
Column Name:
Year: 2006
Field Note:
FV parents apparently do not perceive that they are involved in the service training of SMS staff and providers. FV staff apparently do not view workshops for providers and SMS staff meetings as meeting this criteria. SMS views inclusion and participation by FV parents at workshops and SMS meetings as involvement in service training of staff and providers. SMS acknowledges a lack of substantive, formal, orientation of new SMS staff to FV, and plans to revise the SMS Staff Orientation protocol to increase this interaction. Discussion with FV parents and SMS senior staff will be held to address this issue, review available guidance, and hopefully reach consensus regarding the interpretation of all 6 elements of Form 13.
- 5. Section Number:** Main
Field Name: Question5
Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program...
Column Name:
Year: 2006
Field Note:
Three parents of children with special health care needs staff New Hampshire Family Voices, supported by Title V funds under a contract exceeding \$100,000. The parent staff are always available for consultation and provide training to SMS staff and other providers both formally and informally.
- 6. Section Number:** Main
Field Name: Question6
Row Name: #6. Family members of diverse cultures are involved in all of the above activities
Column Name:
Year: 2006
Field Note:
NH is a small state with a White population of 96%. Per the national Survey of CSHCN for NH, CSHCN are also a White majority, at 91%. Although there is an increasing diversity of minority racial and ethnic groups in the southern part of the state, a number of factors have contributed to the consistent lack of involvement of family members of diverse cultures, per the 6 characteristics documenting family participation.

New outreach and recruitment strategies will be proposed by the Title V CSHCN Health Care Financing Specialist for implementation during calendar 06, with a progress report expected by the end of SYF06. Discussion with NHFV parents and SMS senior staff will be held to address this issue, review available guidance, and hopefully reach consensus on how to best achieve greater cultural diversity among parents of CSHCN who may be involved in state-supported activities.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: NH FY: 2006

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To improve the Title V program's ability to impact the health of MCH populations through data collection and analysis, identifying disparities, examining barriers to care, and researching and implementing best practice models
2. To assure safe and healthy pregnancies for all women, especially vulnerable populations
3. To assure safe and healthy environments for MCH populations, including those with special health care needs
4. To decrease dental disease in MCH populations
5. To decrease unintentional injuries among children and adolescents, including those with special health care needs
6. To promote healthy behaviors and access to health care services for adolescents, including those with special health care needs
7. To preserve effective public health programming, including an infrastructure of safety net providers, to address the needs of MCH populations
8. To improve access to mental health services for children, including those with special health care needs, and their families
9. To decrease the prevalence of childhood obesity
10. To increase the availability of respite and child care for medically and behaviorally complex children with special health care needs

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NH

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	MCH visioning process	Developing a vision aligned with the DPHS will promote all performance measures bu assuring that MCH strategies are integral to the overall DPHS vision and enhance MCH visibility within and external to DPHS.	Deloitte consulting, LLP
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Funding formula development	Current funding is based on historical 1995 levels. Developing a funding allocation strategy for contract agencies will allow for more effective planning, assure equitable local level funding and promote performance based contracting.	Unknown at this time
3.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 14 </u>	Teen Motor Vehicle project	Provide TA on best practices in teen seat belt usage and follow community teams in implementation	Unknown at this time
4.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 5 </u>	Consultant to facilitate Special Medical Services strategic planning process	External expertise will help identify potential funding mechanisms for care coordination and address Medicaid reimbursement issues	Barbara J. Kruger Nursing Consultant 678 Martinique Ct. Orange Park, Fla. 32073 904-269-5255 Deborah Allen Boston University School of Public Health 715 Albany St. Boston, MA 02118 617-426-4447
5.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 9 </u>	Oral Health Educator role development	Conduct a literature review on the role of the Oral Health educator, develop formal job description, protocols and a marketing plan	Dr. Burton Edelstein
6.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>	Consultant to facilitate Special Medical Services strategic planning process	External expertise will help define the essential process and outcomes derived from research findings and address data collection and analysis related to care cordination and medical homes.	Renee Schwalberg, MPH Health Systems Research, Inc. 4 Milk St. 3rd Fl. Portland, Maine 04101 207-772-1410
7.	Data-related Issues - Performance Indicators If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Development of common youth development language for HHS contracts.	Will assist MCH to institute new SPM, leverage YRBS to include asset based questions, move DHHS toward a more coordinated system of adolescent health programming.	Unknown at this time
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue			

	categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NH

SP # 2

PERFORMANCE MEASURE:

Percent of women statewide who smoked during pregnancy.

STATUS:

Active

GOAL

To strongly discourage smoking during pregnancy through the promotion of a newly created video on substance use for professional use. In addition, a public education media blitz will be initiated.

DEFINITION

Numerator:

Number of women who smoked during pregnancy.

Denominator:

Number of women who have live births.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State Vital Records Birth Certificate Data.

SIGNIFICANCE

Smoking increases low birthweight births.

SP # 8

PERFORMANCE MEASURE:

Percent of state contracted, non Head Start or Head Start affiliated child care programs that receive a minimum of one hour per month on-site consultation from a qualified child care health consultant

STATUS:

Active

GOAL

To ensure healthy and safe child care environments

DEFINITION

See numerator and denominator below

Numerator:

Number of state contracted, non-Headstart or Headstart affiliated child care programs that receive a minimum of one hour per month on-site services from a child care health consultant

Denominator:

Number of state contracted, non-Headstart or Headstart affiliated child care programs

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Survey information from state contracted child care programs

SIGNIFICANCE

A national study focusing on four states considered to be representative of the country found that only 14 percent of the centers visited could be considered high quality and, more importantly, quality was so poor in 40 percent of sites studied that childrens' health and safety was jeopardized. An unpublished study by Dr. Susan Aronson found that 6-10 hours of on-site health consultation, per year, by a nurse to child care programs improved the health and safety at the facility. Thus the evidence for setting health and safety consultation as a priority is clear and compelling.

SP # 9

PERFORMANCE MEASURE:

Percent of high school students who smoked cigarettes during the past 30 days

STATUS:

Active

GOAL

To reduce smoking among adolescents

DEFINITION

Numerator:

Number of students in grades 9-12 who smoked cigarettes on one or more of the past 30 days

Denominator:

Number of students in grades 9-12 who participate in the Youth Tobacco Survey

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

New Hampshire Youth Tobacco Survey. The NH YTS is administered to a random sample of high school students (grades 9-12) every two years. The next survey will be in 2004.

SIGNIFICANCE

Cigarette smoking is a major cause of preventable disease and death in the United States. Studies have shown that the majority of smokers start before age 18.

SP # 10

PERFORMANCE MEASURE:

Percent of third grade children screened who had untreated dental decay.

STATUS:

Active

GOAL

To reduce the proportion of children with untreated dental decay.

DEFINITION

See numerator and denominator below

Numerator:

Number of third grade children screened who had untreated dental decay.

Denominator:

Number of third grade children screened.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State wide Third Grade Oral Health Survey. This is a random sample survey of all third grade students in the state, developed by the Association of State and Territorial Dental Directors. This survey will be done every 3 years and the first one was done in 2001.

SIGNIFICANCE

As stated in the Surgeon General's report on Oral Health in America, dental decay is the single most common childhood disease. Results of screening 2nd and 3rd graders in 9 school-based programs in NH revealed that 23% of children were suffering from untreated dental decay. Developing programs and policies, in order to reduce the burden of this disease on children, is of prime significance.

SP # 11

PERFORMANCE MEASURE:

Percent of children age two (18-29 months) on Medicaid who have been tested for lead.

STATUS:

Active

GOAL

To reduce the morbidity associated with lead poisoning through early detection.

DEFINITION

Numerator:

The number of children age two (18-29 months) in the state who are enrolled on Medicaid and have been tested for lead at least once during the year.

Denominator:

The number of children age two who are enrolled on Medicaid.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Lead testing figure is from the NH Childhood Lead Poisoning Prevention Program; Medicaid figure is from the NH Medicaid Administration Bureau via the NH Childhood Lead Poisoning Prevention Program.

SIGNIFICANCE

Lead poisoning is one of the most common and preventable childhood environmental health problems in the U.S. Studies have shown associations between decreased intelligence, impaired neurobehavioral development, decreased hearing acuity and growth inhibition with lead levels as low as 10-15 micrograms per deciliter. Low-income children, especially those living in the inner city, are at an increased risk for lead poisoning. Ages one and two years are the recommended targeted times for testing at-risk children for lead exposure. In NH, the Childhood Lead Poisoning Prevention Protocols recommend that all one and two year olds enrolled on Medicaid be tested for lead. A recent national study showed that the testing rate of children on Medicaid, especially two year olds, is significantly lower than expected. In NH, the lead testing rates for all two year olds is approximately half the rate for one year olds.

SP # 12

PERFORMANCE MEASURE:

Percent of infants born to women, whose payment source was Medicaid (for either delivery or prenatal care), receiving prenatal care beginning in the first trimester.

STATUS:

Active

GOAL

To assure early entrance into prenatal care for high-risk women to enhance pregnancy outcomes.

DEFINITION

Numerator:

Number of births to women, whose payment source for delivery or prenatal care was Medicaid, with reported prenatal visit during the first trimester (before 13 weeks gestation) in the calendar year.

Denominator:

Number of live births in the state to women whose payment for delivery or prenatal care was Medicaid.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Birth certificate data in the state vital records are available for over 99% of births.

SIGNIFICANCE

Early identification of maternal disease and risks for complications of pregnancy or birth are the primary reasons for the importance of first trimester entry into prenatal care. This can help ensure that women with complex problems and women with chronic illness or other risks are seen by specialists. Early high-quality prenatal care is critical to improving pregnancy outcomes. In New Hampshire, women who have Medicaid as a payment source consistently enter into prenatal care during the first trimester less than women with other payment sources.

PERFORMANCE MEASURE:

The percent of pediatricians who provide transition support to youth (ages 12-21) with special health care needs (YSHCN) enrolled in their practice.

STATUS:

Active

GOAL

To increase the capacity of New Hampshire pediatricians to provide transition-related health services.

DEFINITION

A measure to monitor the implementation by NH pediatricians of selected critical transition strategies identified in the Supplement to Pediatrics, "Improving Transition for Adolescents With Special Health Care Needs From Pediatric to Adult-Centered Care", (Dec. 2002, Vol. 110, No. 6, Part 2).

Numerator:

The numerator is the number of pediatricians reporting implementation of all six transition practice strategies greater than 60 % of the time.

Denominator:

The denominator is the number of pediatrician members of the New Hampshire Pediatric Society responding to the Pediatric Providers Transition Survey.

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

16:23 Increase the proportion of Territories and States that have service systems for CSHCN.

New Hampshire has a comprehensive service system for children with special health care needs, and is expanding the system component that addresses the transition-related health needs of youth with special health care needs.

DATA SOURCES AND DATA ISSUES

The SMSB Pediatric Providers Transition Survey is the data source. In the future periodic surveys will be done using additional methodologies. One data issue is that Survey findings may not be generalizable because of the limited response rate (As of 6/04, the rate is 14% of the surveys distributed.)

SIGNIFICANCE

According to the National Survey of Children with Special Health Care Needs, slightly less than 13% of New Hampshire youth with SHCN have received guidance and support in transition to adulthood. The activities of this State Performance Measure are designed to increase this percentage over time, in accord with NPM #6, and more specifically designed to increase the percentage of NH pediatricians who have adequate relationships with the adult health care providers for YSHCN and adequate communication about transition-related health care with the YSHCN and their families.

PERFORMANCE MEASURE:	The rate (per 100,000) of emergency department visits among youths aged 15-19 resulting from being an occupant in a motor vehicle crash
STATUS:	Active
GOAL	To reduce injuries among adolescents, aged 15-19, associated with being an occupant in a motor vehicle crash.
DEFINITION	see numerator and denominator below Numerator: Number of adolescents age 15-19 seen in an emergency department as a result of injuries associated with being an occupant in a motor vehicle crash. Denominator: Number of adolescents ages 15-19 Units: 100000 Text: Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES	NH Bureau of Health Statistics and Data Management
SIGNIFICANCE	Motor vehicle crashes are a leading cause of death and injuries among adolescents. Previously we had a state measure (#3, now inactive) which addressed fatalities only. However, due to the small number of fatalities annually in NH among this population (usually less than 10/year), it was not appropriate to use fatalities in setting annual performance measures. This new objective has two benefits: first, it will capture a more significant aspect of the adverse health outcomes among adolescents resulting from motor vehicles crashes; and it will allow us to analyze and report annual population-based incidence rates.

SP # 15

PERFORMANCE MEASURE:

Percent of adolescents (ages 10-20) eligible for an EPSDT service who received an EPSDT service during the past year

STATUS:

Active

GOAL

To ensure Medicaid-eligible adolescents receive preventive health care services

DEFINITION

see numerator and denominator below

Numerator:

Total eligibles receiving at least one initial or periodic EPSDT screen

Denominator:

Total eligibles who should receive at least one initial or periodic EPSDT screen ("should" based on the state's periodicity schedule)

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

1-9: Reduce hospitalization rates for three ambulatory-care-sensitive conditions—pediatric asthma, u

14-27: Increase routine vaccination coverage levels for adolescents

DATA SOURCES AND DATA ISSUES

The data source is the State-Contracted Managed Care Organization Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form HCFA-416). Guidelines for collecting data for this measure are in lines 8 and 9 of the report. Medicaid-eligible individuals under the age of 21 are considered eligible for EPSDT services, regardless of whether they have been informed about the availability of EPSDT services or whether they accept EPSDT services at the time of informing.

SIGNIFICANCE

Insured adolescents are more likely to receive health care but insurance does not guarantee that adequate services are provided. Most adolescent morbidities are preventable and amenable to change with comprehensive screening services increasing the likelihood that problems are addressed early and often.

PERFORMANCE MEASURE:

Percent of children ages 2 – 5 years enrolled on WIC whose Body Mass Index (BMI) for age is 95th percentile or greater.

STATUS:

Active

GOAL

To decrease the prevalence of childhood obesity.

DEFINITION

See numerator and denominator below.

Numerator:

Total number of children ages 2 – 5 years enrolled on WIC in New Hampshire whose Body Mass Index (BMI) for age is 95th percentile or greater.

Denominator:

Total number of children ages 2 – 5 years enrolled on WIC in New Hampshire.

Units: 100 **Text:** 1**HEALTHY PEOPLE 2010 OBJECTIVE**

There is no state or national objective that coincides exactly with the chosen performance measure. Objective 19-3 of Healthy People 2010 is to reduce the proportion of children and adolescents who are overweight or obese. An objective of the New Hampshire Healthy People 2010 is to reduce the prevalence of overweight and obesity among 9th – 12th graders.

DATA SOURCES AND DATA ISSUES

: Data source is the 2002 Pediatric Nutrition Surveillance data from Centers for Disease Control, provided by the NH WIC Program. This age group and data source was chosen because there was no currently available consistent data source for obesity among school age children. Nor is there data for the BMI of children enrolled in Title V funded health agencies. Almost all of the age-appropriate children receiving care at Title V funded health agencies are eligible for enrollment in the WIC program. The term "overweight" is used as the Centers for Disease Control use the term "obese" only for adults. "Overweight" in children is defined as greater or equal to 95th percentile for BMI for age on the National Center for Health Statistics growth charts. The 2002 Pediatric Nutrition Surveillance data, based on the 2000 CDC growth chart BMI for age, showed that the prevalence in New Hampshire was 15.1% compared with national prevalence (prior year) of 13.4

SIGNIFICANCE

Childhood obesity has been identified as a major problem in the United States and New Hampshire. The NH Child Advocacy Network (NH CAN), in its 2004 Children's Agenda, has identified increasing public understanding and support of the need for daily physical activity for all students to prevent childhood obesity and other related problems as one of its priority issues.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: NH

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	10.8	11.9	12.2	12.9	12.9
Numerator	82	90	92	98	98
Denominator	75,685	75,685	75,685	75,685	75,685
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	68.2	68.0	72.0	81.1	81.1
Numerator	2,634	2,799	3,284	3,715	
Denominator	3,860	4,117	4,558	4,582	
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	68.2	68.0	72.0	81.1	81.1
Numerator	2,634	2,799	3,284	3,715	
Denominator	3,860	4,117	4,558	4,582	
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	87.9	91.8	88.0	90.7	
Numerator	12,264	13,130	12,475	12,642	
Denominator	13,951	14,305	14,172	13,934	
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2000	2001	2002	2003	2004
Annual Indicator	<u>42.4</u>	<u>43.1</u>	<u>45.0</u>	<u>36.3</u>	<u>36.3</u>
Numerator	<u>12,144</u>	<u>6,390</u>	<u>6,921</u>	<u>4,682</u>	<u> </u>
Denominator	<u>28,615</u>	<u>14,839</u>	<u>15,377</u>	<u>12,896</u>	<u> </u>
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2000	2001	2002	2003	2004
Annual Indicator	<u>22.9</u>	<u>16.0</u>	<u>12.3</u>	<u>11.1</u>	<u>13.1</u>
Numerator	<u>373</u>	<u>262</u>	<u>181</u>	<u>160</u>	<u>186</u>
Denominator	<u>1,630</u>	<u>1,640</u>	<u>1,470</u>	<u>1,443</u>	<u>1,422</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2003
Field Note:
Data is from the NH Department of Health and Human Services
Asthma Control Program
Asthma in New Hampshire, 1990-2002, Table 13.
2. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2004
Field Note:
Data is from the NH Asthma Control Program; latest available is from 2001. Census data is from the U.S. Census 2000 estimate.
3. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2002
Field Note:
Data source is HCFA 416 EPSDT participation report for FFY02 (provided by Betty Thompson from the Medicaid Administration Bureau). Numerator is recipients. Denominator is enrollees.
4. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2003
Field Note:
Data source is HCFA 416 EPSDT participation report for FFY03 (provided by Jim Smith from the Medicaid Administration Bureau). Numerator is recipients. Denominator is enrollees.
5. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2004
Field Note:
Actual data not available at this time, due to incomplete reporting from Medicaid. This data should be available in time for the 2005 autumn update.
6. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2002
Field Note:
Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI #2 and #3 are the same.
7. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2003
Field Note:
Part of NH SCHIP development was Medicaid expansion for infants (0-1), from 185% to 300% of poverty. Therefore the numbers for HSCI #2 and #3 are the same.
8. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2004
Field Note:
Actual data not available at this time, due to incomplete reporting from Medicaid. This data should be available in time for the 2005 autumn update.
9. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2002
Field Note:
1) Most recent data available from Vital Records is calendar year 2001.

2) Vital Records calendar year 2002 data will not be available until the next grant application period. Provisional data (identical to 2001) has been supplied.
10. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2003
Field Note:
2003 Vital Records data is not available. It will be available for the 2006 application.
11. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:

Year: 2004

Field Note:

Vital Records data for 2004 not available until next year.

12. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2002

Field Note:

Data for 1998 and 1999 is based on 2000.

13. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2004

Field Note:

Actual data not available at this time, due to incomplete reporting from Medicaid. This data should be available in time for the 2005 autumn update.

14. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2002

Field Note:

2002 data, from the SSA, is for children under age 16; previous data has included children to age 18.

15. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2003

Field Note:

Data is from the Social Security Administration and the NH Department of Health and Human Services, Division of Medical Services.

16. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2004

Field Note:

Data on state CSHCN program enrollees receiving SSI for their own disability is estimated.

Data for number of recipients of SSI for own disability is from SSA 2003 report and includes ages 16-18.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: NH

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2003	Payment source from birth certificate	<u>7.2</u>	<u>6</u>	<u>6.2</u>
b) Infant deaths per 1,000 live births	2003	Payment source from birth certificate	<u>4.8</u>	<u>2.4</u>	<u>2.9</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2003	Payment source from birth certificate	<u>83.2</u>	<u>93</u>	<u>91</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2003	Payment source from birth certificate	<u>86.8</u>	<u>91.7</u>	<u>90.7</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: NH

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	<u>300</u>
b) Medicaid Children (Age range <u>1</u> to <u>19</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2004	<u>185</u> <u> </u> <u> </u>
c) Pregnant Women	2004	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: NH

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	<u>300</u>
b) Medicaid Children (Age range <u>1</u> to <u>19</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2004	<u>400</u> <u> </u> <u> </u>
c) Pregnant Women	2004	<u>400</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2006
Field Note:
Out of state infant deaths and births to residents are not included in the analysis since the detail needed to link out of state deaths is not available for 2003, and therefore not all 2003 infant deaths can be matched with the birth record to determine payer. Because of this, the analysis under-resrepresents true rates.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NH

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NH

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: NH Youth Tobacco Survey	3	No
Behavioral Risk Factor Surveillance Survey	3	No

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	3	No
WIC Program Data	3	No
Other: School nurse data	3	No

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: NH

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	6.3	6.5	6.3	6.2	6.2
Numerator	916	957	914	892	
Denominator	14,590	14,648	14,427	14,383	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	4.7	4.7	4.6	4.6	4.6
Numerator	658	658	640	636	
Denominator	14,078	14,049	13,904	13,861	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.3	1.1	1.1	1.1	1.1
Numerator	195	160	158	164	
Denominator	14,590	14,647	14,427	14,383	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.9	0.8	0.7	0.9	0.9
Numerator	125	116	99	119	
Denominator	14,078	14,049	13,904	13,861	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	7.0	9.2	4.8	4.8	4.8
Numerator	18	24	12		
Denominator	257,477	260,285	248,666		
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	2.3	1.2	1.6	1.6	1.6
Numerator	6	3	4		
Denominator	257,477	260,285	248,666		
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	21.9	20.2	14.6	14.6	14.6
Numerator	34	32	25		
Denominator	155,454	158,613	171,541		
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	97.5	80.3	92.0	107.2	107
Numerator	251	209	242	284	
Denominator	257,477	260,285	263,093	264,839	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	11.7	13.4	6.8	8.3	8.3
Numerator	30	35	18	22	
Denominator	257,477	260,285	263,093	264,839	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	36.6	110.3	84.7	98.9	98.9
Numerator	151	175	137	163	
Denominator	412,931	158,613	161,772	164,778	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	9.5	10.4	12.0	11.6	12.5
Numerator	394	473	510	494	533
Denominator	41,472	45,362	42,624	42,624	42,624
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	2.0	2.6	2.8	3.0	3.2
Numerator	472	566	639	676	736
Denominator	234,685	217,437	226,570	226,570	226,570
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2003
Field Note:
2003 vital records data is not available. It will be available for the 2006 application.
2. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2004
Field Note:
Estimate. Vital records 2004 data not available until next year.
3. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2003
Field Note:
2003 vital records data is not available. It will be available for the 2006 application.
4. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2004
Field Note:
Estimate. Data not available until next year.
5. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2004
Field Note:
Estimate. Data not available until next year.
6. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2004
Field Note:
Estimate. Data not available until next year.
7. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2003
Field Note:
Estimate. Data not available until next year.
8. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2004
Field Note:
Estimate. Data not available until next year.
9. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2003
Field Note:
Estimate. Data not available until next year.
10. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2004
Field Note:
Estimate. Data not available until next year.
11. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2003
Field Note:
Estimate. Data not available until next year.
12. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:

Column Name:

Year: 2004

Field Note:

Estimate. Data not available until next year.

13. **Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2002

Field Note:

Date based on inpatient hospitalizations

14. **Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2003

Field Note:

Data based on inpatient hospitalization discharges.

15. **Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2004

Field Note:

Estimate. Data not available until next year.

16. **Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2002

Field Note:

Data based on inpatient hospitalizations

17. **Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2003

Field Note:

Data based on inpatient hospitalizations

18. **Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2004

Field Note:

Estimate. Data not available until next year.

19. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2002

Field Note:

Data based on inpatient hospitalizations.

20. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2003

Field Note:

Data based on inpatient hospitalizations

21. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2004

Field Note:

Estimate. Data not available until next year.

Please also note: The denominator for 2000 should have been 134, 308, resulting in an indicator of 112.5.

22. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2003

Field Note:

Data obtained from Patricia Blackman, STD program.

23. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2003

Field Note:

Data obtained from Patricia Blackman, STD program.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? Yes Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	14,383	13,734	128	37	243	0	108	133
Children 1 through 4	57,832	55,224	515	121	977	0	434	561
Children 5 through 9	84,481	80,662	752	177	1,428	0	634	828
Children 10 through 14	89,988	85,930	801	189	1,521	0	675	872
Children 15 through 19	84,982	81,149	756	178	1,436	0	637	826
Children 20 through 24	73,342	70,034	652	154	1,239	0	550	713
Children 0 through 24	405,008	386,733	3,604	856	6,844	0	3,038	3,933

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	14,123	260	0
Children 1 through 4	56,785	1,047	0
Children 5 through 9	82,952	1,529	0
Children 10 through 14	88,359	1,629	0
Children 15 through 19	83,444	1,538	0
Children 20 through 24	72,015	1,327	0
Children 0 through 24	397,678	7,330	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	1	1						
Women 15 through 17	199	194	2	1	0	0	0	2
Women 18 through 19	625	606	14	0	2	0	1	2
Women 20 through 34	10,988	10,310	175	28	390	1	11	73
Women 35 or older	2,570	2,425	44	7	71	0	4	19
Women of all ages	14,383	13,536	235	36	463	1	16	96

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	1	0	0
Women 15 through 17	162	20	17
Women 18 through 19	562	32	31
Women 20 through 34	10,084	400	504
Women 35 or older	2,427	76	67
Women of all ages	13,236	528	619

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	56	53	0	0	2	1	0	0
Children 1 through 4	23	22	1	0	0	0	0	0
Children 5 through 9	9	8	0	0	1	0	0	0
Children 10 through 14	17	16	0	0	1	0	0	0
Children 15 through 19	52	51	0	0	0	1	0	0
Children 20 through 24	53	52	1	0	0	0	0	0
Children 0 through 24	210	202	2	0	4	2	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	53	0	3
Children 1 through 4	23	0	0
Children 5 through 9	9	0	0
Children 10 through 14	16	0	1
Children 15 through 19	49	1	2
Children 20 through 24	52	1	0
Children 0 through 24	202	2	6

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	331,666	316,708.0	2,952.0	696.0	5,605.0		2,487.0	3,218.0	2004
Percent in household headed by single parent	20.0	19.5	40.0	32.0	11.2	29.5	29.3	35.0	2004
Percent in TANF (Grant) families	3.2	2.8	22.0	2.2	0.7	3.9	0	11.1	2004
Number enrolled in Medicaid	85,181	80,064.0	1,728.0	86.0	736.0	0	0	2,567.0	2004
Number enrolled in SCHIP	58,194	58,194.0							2004
Number living in foster home care	1,201	1,014.0	46.0	20.0	1.0	0	56.0	64.0	2004
Number enrolled in food stamp program	22,062	20,335.0	969.0	26.0	96.0	3.0	0	633.0	2004
Number enrolled in WIC	22,782	20,278.0	825.0	24.0	250.0	0	0	1,405.0	2004
Rate (per 100,000) of juvenile crime arrests	2,583.0							2,583.0	2004
Percentage of high school drop-outs (grade 9 through 12)	3.8							3.8	2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	325,663.0	6,003.0	0	2004
Percent in household headed by single parent	19.6	33.0	0	2004
Percent in TANF (Grant) families	3.0	13.8	0	2004
Number enrolled in Medicaid	79,463.0	3,151.0	2,567.0	2004
Number enrolled in SCHIP			58,194.0	2004
Number living in foster home care	1,027.0	174.0	64.0	2004
Number enrolled in food stamp program	19,870.0	1,559.0	633.0	2004
Number enrolled in WIC	21,409.0	1,373.0	0	2004
Rate (per 100,000) of juvenile crime arrests			2,583.0	2004
Percentage of high school drop-outs (grade 9 through 12)			3.8	2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? Yes Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	200,605
Living in rural areas	131,061
Living in frontier areas	0
Total - all children 0 through 19	331,666

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? Yes Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	1,251,572.0
Percent Below: 50% of poverty	2.0
100% of poverty	5.8
200% of poverty	19.1

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NH

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? Yes Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	331,666.0
Percent Below: 50% of poverty	2.0
100% of poverty	5.8
200% of poverty	19.6

FORM NOTES FOR FORM 21

All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2006
Field Note:
All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.
2. **Section Number:** Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2006
Field Note:
All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.
3. **Section Number:** Indicator 08A
Field Name: S08_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2006
Field Note:
All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.
4. **Section Number:** Indicator 08A
Field Name: S08_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2006
Field Note:
All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.
5. **Section Number:** Indicator 08A
Field Name: S08_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2006
Field Note:
All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.
6. **Section Number:** Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2006
Field Note:
All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.
7. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2006
Field Note:
All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.
8. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2006
Field Note:
All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.
9. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2006
Field Note:
All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.
10. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2006
Field Note:
All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.
11. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2006
Field Note:
All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.
12. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children20to24
Row Name: children 20 through 24

Column Name:**Year:** 2006**Field Note:**

All data for 8A and 8B (Total deaths) is from 2001, the most recent year for which NH has complete and accurate data.

13. **Section Number:** Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2006
Field Note:
Data is from the American Community Survey 2003 Multi-Year Profile of the U.S. Census Bureau, for New Hampshire.
14. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2006
Field Note:
From census data.
15. **Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2006
Field Note:
Data obtained from Ellen Boudreau (4241).
16. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2006
Field Note:
Data obtained from Health Kids website. Breakdown by race/ethnicity is not available.
17. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2006
Field Note:
Data obtained from Ellen Boudreau (4241).
18. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2006
Field Note:
Data is from 2003, and is the most recent data available. A new data system will be available in February, 2006, so more up-to-data should be available in the future.
19. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2006
Field Note:
Data is from Gary Fowler 2521). Race and ethnicity are not available.
20. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2006
Field Note:
From www.ed.state.nh.us Racial breakdowns are not available.
21. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2006
Field Note:
No ethnicity data available.
22. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2006
Field Note:
Ethnicity data not available.
23. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2006
Field Note:
Ethnicity data not available.
24. **Section Number:** Indicator 10
Field Name: Urban
Row Name: Living in urban areas

Column Name:
Year: 2006
Field Note:
Estimated from census data available.

25. **Section Number:** Indicator 10
Field Name: Rural
Row Name: Living in rural areas
Column Name:
Year: 2006
Field Note:
Estimated from census data available.

26. **Section Number:** Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2006
Field Note:
From U.S. Census Bureau's American Community Survey 2003 Multi-Year Profile for NH.

27. **Section Number:** Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2006
Field Note:
Data obtained from Melissa Correia for FY03, the most recent data available.

NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NH

SP # 1

PERFORMANCE MEASURE:

Percent of data linkage projects completed

GOAL

To link MCH and Vital Records data to improve analytical opportunities.

DEFINITION

See numerator and denominator below. Linkages projected for the future are: births and infant deaths, births and prenatal care, births and infant hearing screening, births and newborn metabolic screening, and Medicaid and births with regard to prenatal care.

Numerator:

Number of linkage projects completed

Denominator:

Total number of linkage projects planned (5)

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Sources are: MCH program data (including data from prenatal program, newborn metabolic screening program, and newborn hearing screening program), as well as medicaid data and vital records data (both births and infant deaths). Access to vital records is particularly difficult at this time, due to the transfer of this department from public health to the Secretary of State's office. We wish to link the following: - births and fetal deaths - prenatal program data and births - early hearing screening data and births - newborn metabolic screening data and births - Medicaid and birth data related to prenatal care

SIGNIFICANCE

Linking MCH-related data sets has been shown to expand analytic opportunities and lead to improved information generation. We wish to increase our ability to evaluate programs and identify needs, to decrease the reporting burden on MCH-funded agencies by reducing redundant data collection, and improve data accuracy.

OBJECTIVE

2006	2007	2008	2009	2010
40				

SP # 2

PERFORMANCE MEASURE:

Percent of women statewide who smoked during pregnancy.

GOAL

To strongly discourage smoking during pregnancy through the promotion of a newly created video on substance use for professional use. In addition, a public education media blitz will be initiated.

DEFINITION

Numerator:

Number of women who smoked during pregnancy.

Denominator:

Number of women who have live births.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State Vital Records Birth Certificate Data.

SIGNIFICANCE

Smoking increases low birthweight births.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 3

PERFORMANCE MEASURE:

Percent of children age two (24-35 months) on Medicaid who have been tested for lead.

GOAL

To reduce the morbidity associated with lead poisoning through early detection.

DEFINITION

Numerator:

The number of children age two (24-35 months) in the state who are enrolled on Medicaid and have been tested for lead at least once during the year.

Denominator:

The number of children age two who are enrolled on Medicaid.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Lead testing figure is from the NH Childhood Lead Poisoning Prevention Program; Medicaid figure is from the NH Medicaid Administration Bureau via the NH Childhood Lead Poisoning Prevention Program.

SIGNIFICANCE

Lead poisoning is one of the most common and preventable childhood environmental health problems in the U.S. Studies have shown associations between decreased intelligence, impaired neurobehavioral development, decreased hearing acuity and growth inhibition with lead levels as low as 10-15 micrograms per deciliter. Low-income children, especially those living in the inner city, are at an increased risk for lead poisoning. Ages one and two years are the recommended targeted times for testing at-risk children for lead exposure. In NH, the Childhood Lead Poisoning Prevention Protocols recommend that all one and two year olds enrolled on Medicaid be tested for lead. A recent national study showed that the testing rate of children on Medicaid, especially two year olds, is significantly lower than expected. In NH, the lead testing rates for all two year olds is approximately half the rate for one year olds.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 4

PERFORMANCE MEASURE:

Percent of third grade children screened who had untreated dental decay.

GOAL

To reduce the proportion of children with untreated dental decay.

DEFINITION

See numerator and denominator below

Numerator:

Number of third grade children screened who had untreated dental decay.

Denominator:

Number of third grade children screened.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State wide Third Grade Oral Health Survey. This is a random sample survey of all third grade students in the state, developed by the Association of State and Territorial Dental Directors. This survey will be done every 3 years and the first one was done in 2001.

SIGNIFICANCE

As stated in the Surgeon General's report on Oral Health in America, dental decay is the single most common childhood disease. Results of screening 2nd and 3rd graders in 9 school-based programs in NH revealed that 23% of children were suffering from untreated dental decay. Developing programs and policies, in order to reduce the burden of this disease on children, is of prime significance.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 5

PERFORMANCE MEASURE:

The rate (per 100,000) of emergency department visits among youths aged 15-19 resulting from being an occupant in a motor vehicle crash

GOAL

To reduce injuries among adolescents, aged 15-19, associated with being an occupant in a motor vehicle crash.

DEFINITION

see numerator and denominator below

Numerator:

Number of adolescents age 15-19 seen in an emergency department as a result of injuries associated with being an occupant in a motor vehicle crash.

Denominator:

Number of adolescents ages 15-19

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

NH Bureau of Health Statistics and Data Management

SIGNIFICANCE

Motor vehicle crashes are a leading cause of death and injuries among adolescents. Previously we had a state measure (#3, now inactive) which addressed fatalities only. However, due to the small number of fatalities annually in NH among this population (usually less than 10/year), it was not appropriate to use fatalities in setting annual performance measures. This new objective has two benefits: first, it will capture a more significant aspect of the adverse health outcomes among adolescents resulting from motor vehicles crashes; and it will allow us to analyze and report annual population-based incidence rates.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 6

PERFORMANCE MEASURE:

Percent of adolescents (ages 10-20) eligible for an EPSDT service who received an EPSDT service during the past year

GOAL

To ensure Medicaid-eligible adolescents receive preventive health care services

DEFINITION

see numerator and denominator below

Numerator:

Total eligibles receiving at least one initial or periodic EPSDT screen

Denominator:

Total eligibles who should receive at least one initial or periodic EPSDT screen ("should" based on the state's periodicity schedule)

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

1-9: Reduce hospitalization rates for three ambulatory-care-sensitive conditions—pediatric asthma, u

14-27: Increase routine vaccination coverage levels for adolescents

DATA SOURCES AND DATA ISSUES

The data source is the State-Contracted Managed Care Organization Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form HCFA-416). Guidelines for collecting data for this measure are in lines 8 and 9 of the report. Medicaid-eligible individuals under the age of 21 are considered eligible for EPSDT services, regardless of whether they have been informed about the availability of EPSDT services or whether they accept EPSDT services at the time of informing.

SIGNIFICANCE

Insured adolescents are more likely to receive health care but insurance does not guarantee that adequate services are provided. Most adolescent morbidities are preventable and amenable to change with comprehensive screening services increasing the likelihood that problems are addressed early and often.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 7

PERFORMANCE MEASURE: Early childhood health systems measure
GOAL To be determined
DEFINITION To be determined
Numerator: To be determined
Denominator: To be determined
Units: **Text:** 0

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES To be determined

SIGNIFICANCE To be determined

OBJECTIVE	2006	2007	2008	2009	2010

SP # 8

PERFORMANCE MEASURE:

New Hampshire DHHS will develop a State Plan to integrate mental health services into primary care settings, to support children, youth and their families.

GOAL

To improve access to screening, assessment, referral and linkages to mental health supports and services for children and youth, including those with special health care needs, and their families.

DEFINITION

Stage One of a multi-stage State Plan development process will be completed by the end of SFY06 and will include application for funds via HRSA-06-####, "Integrated Systems for Children with Special Health Care Needs", previously HRSA-05-014; CFDA #93.110. A statewide meeting, or meetings, will be held to begin the strategic planning process.

Numerator:

N/A

Denominator:

N/A

Units: No **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

18-7 (Developmental) Increase the proportion of children with mental health problems who receive tre

DATA SOURCES AND DATA ISSUES

Source: the State Title V program. Documentation will include the application for HRSA funds under CFDA 93.110, checklists, work plans, meeting minutes, time lines, and completion of identified work products.

SIGNIFICANCE

Although there are various initiatives to improve access to, and provision of, mental health services for children and adolescents, there is a lack of systemic, statewide planning to integrate these services into primary care settings. The Needs Assessment results, and the data for NH CSHCN, indicate that a State Plan to integrate mental health services for children/youth into primary care settings is a priority for New Hampshire citizens.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 9

PERFORMANCE MEASURE:

New Hampshire DHHS will convene a statewide Summit of all collaborators with initiatives in the area of childhood obesity.

GOAL

To determine and assess the existing resources for addressing overweight and obesity among children and adolescents.

DEFINITION

Implementation of the Summit by the end of SFY 06.

Numerator:

N/A

Denominator:

N/A

Units: No **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

19-3 Reduce the proportion of children and adolescents who are overweight or obese.

State Title V program checklists, work plans, timelines, meeting minutes and completion of work products.

DATA SOURCES AND DATA ISSUES

SIGNIFICANCE

The percentage of children and adolescents in the state who are obese or overweight is higher than the national average and appears to be increasing. An identification by the State of the various New Hampshire initiatives available will assist families and professionals to combat this problem.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 10

PERFORMANCE MEASURE:

New Hampshire DHHS will develop a statewide initiative to facilitate workforce development of individuals to provide respite and child care for behaviorally and medically complex children.

GOAL

To develop a curriculum to train Licensed Nurse Assistants, child care workers, and respite care providers in working more effectively with this subset of CSHCN.

DEFINITION

Development of the curriculum and an initial plan for publicizing and marketing the curriculum will be completed by the end of SFY 06.

Numerator:

N/A

Denominator:

N/A

Units: No **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

N/A

DATA SOURCES AND DATA ISSUES

State Title V program checklists, work plans, timelines, meeting minutes and completion of work products.

SIGNIFICANCE

There is an identified lack of respite and child care available, by a trained work force, for medically and behaviorally complex children with special health care needs. The National Survey of CSHCN results for NH indicate that 37% (n=1,936) of the children that needed respite services, did not receive such services. The group reporting the need for respite constituted approximately 8% of New Hampshire CSHCN.

OBJECTIVE

2006	2007	2008	2009	2010
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